

Wayne County Hospitals & Health Care Organizations Mutual Aid Assistance Agreement Standard Operating Procedures

Sample of MAA and Addendum signed amongst Wayne County LTC Facilities

Purpose

To establish the Standard Operating Procedures (SOP) that are consistent with the Joint Commission on Accreditation of HealthCare Organizations life/safety program requirements for mutual assistance, and to formalize the mutual assistance agreement among hospitals in Wayne County (see Addendum B for list of participating facilities) and other health care organizations in the event of an emergency that requires partial or total hospital evacuation.

Concept of Operation

Situation Hospitals and other Health Care Organizations (HCOs) may experience a variety of emergencies that require the evacuation of patients. For the purposes of this SOP, these emergencies fall into the following two (2) general categories:

1. Facility Closure: A facility closure is an emergency which does not require response or assistance by the public safety agencies serving the community in which the facility is located. In a facility closure, all evacuation efforts are managed by and between participating hospitals and HCOs. An example of a facility closure would be the loss of public utility services on a nice day, when no life-threatening conditions are present.
2. Facility Evacuation Emergency: A facility evacuation emergency is an emergency which requires response or assistance by public safety agencies. In a facility evacuation emergency, all evacuation efforts are managed by the fire department's incident commander in cooperation with managers from the facility being evacuated. An example of a facility evacuation emergency would be a fire at the facility, or when the loss of a public utility service threatens the lives of patients.

Classification of Events

The affected hospital or HCO is responsible for classifying the event as either a facility closure or facility evacuation.

Existing Resources

1. This SOP utilizes several existing resources in Wayne County:
Available hospital and other health care beds and holding areas within the health care system at any given time
2. The Health Emergency Medical System (HEMS) communications center that exists for the purpose of Emergency Medical Services Medical Control and pertinent health resource availability management.
3. Emergency Operations Center, Central Communications Center, and Emergency Operations Plan.
4. Existing in-county ambulance resources and out-county mutual aid agreements and resources.

Incident Command

Hospital personnel shall be knowledgeable of the incident command system.

Organization

Participating hospitals and other health care organizations in Wayne County have signed the Wayne County Health Care Disaster Assistance Agreement (Attachment A).

The Detroit/Wayne County EMS Council has reviewed and approved this SOP and Attachment A.

The director of the Wayne County Health Department has authorized inclusion of this SOP into Annex J (Health Care Operations) the Wayne County Plan or local Emergency Management Plan.

Tasks & Execution: Facility Closure

Affected Hospital or HCO

Notify the HEMS Radio Center and provide the following information:

- Nature of the emergency incident, incident classification (i.e., facility closure)

NOTE THAT THE PRESENCE OF LIFE-THREATENING CONDITIONS MAY PUT THE INCIDENT INTO THE "FACILITY EVACUATION EMERGENCY" CATEGORY.

- Number and type (general care, ICU/special care) of patients that require evacuation and a general assessment of their transport requirements
- Names and phone numbers of medical and administrative officers directing the evacuation

Secure information from HEMS regarding available hospital and ambulance resources.

Make arrangements with participating hospitals or HCOs to accept patients being evacuated. If necessary, secure assistance in performing this function from HEMS.

Notify HEMS and the local fire department when the facility is completely evacuated.

HEMS Radio Center

Upon receipt of facility closure notification from the affected hospital or HCO, the HEMS Radio Center will do the following:

1. Notify all participating hospitals and HCOs of the situation, poll each facility to determine the status of bed availability and other relevant medical resources, and provide information on same to the affected hospital or HCO.
2. HEMS will notify jurisdictional fire department of situation. Hospital will coordinate ambulance transportation under facility closure.
3. If requested by the affected hospital or HCO, HEMS will provide necessary assistance.
4. Recommend that the incident be upgraded to the facility emergency evacuation category, if appropriate (i.e., life-threatening conditions exist).

Tasks & Execution: Facility Evacuation Emergency

Affected Hospital or HCO

Immediately notify the local fire department and the HEMS Radio Center and provide the following information:

- Nature of the emergency incident, incident classification (i.e., facility evacuation emergency), and any life-threatening or potentially life-threatening conditions
- Number and type (general care, ICU/special care) of patients who require evacuation and a general assessment of their transport requirements
- Names and phone numbers of medical and administrative officers directing the evacuation
- Assistance needed
- Assist local fire department to establish staging area for responding ambulances.

Coordinate all activities with fire department incident commander.

Provide personnel to the incident commander to track patient transports.

HEMS Radio Center

Upon receipt of notification from the affected hospital or HCO, the HEMS Radio Center will do the following:

1. Notify all participating hospitals and HCOs of the situation, poll each facility to determine the status of bed availability and other relevant medical resources, and provide information on same to the incident commander.

2. Notify ambulance providers of the situation, poll each to determine the availability of transport units and provide information to the incident commander.
3. At the direction of the incident commander, notify and mobilize ambulances to the staging area at the facility.
4. Coordinate patient dispersal to host facility with incident commander and hospital.
5. Maintain log of patient evacuation and provide same to affected hospital or HCO and incident commander.
6. If Emergency Operating Center (EOC) is activated by CEO/EMD, dispatch a HEMS representative to the EOC.

NOTE THAT THE EOC WOULD BE ACTIVATED ONLY IF THE SITUATION WARRANTED A HIGH LEVEL OF COORDINATION BEYOND THE CAPABILITY OF LOCAL JURISDICTION AND/OR HEMS HOSPITAL SYSTEM. IN THIS CAPACITY, THE EOC WOULD PROVIDE ANY SUPPORT REQUESTED BY THE INCIDENT COMMANDER.

Local Fire Department

Institute incident command system in coordination with facility representatives.

Work with affected facility representatives and HEMS to secure necessary patient housing and transport arrangements.

After communication with hospital management and HEMS, notify emergency management of situation and advise if additional assistance is needed.

Once the EOC is activated, request assistance and support through the EOC as necessary.

Emergency Management

Upon being notified of the situation by incident commander, emergency management would assess the situation to determine if activation of the EOC is necessary. If yes, it would activate the EOC and mobilize appropriate EOC staff to support the efforts of the incident commander.

NOTE THAT IT IS POSSIBLE FOR THE EOC TO HAVE ALREADY BEEN ACTIVATED FOR EVENTS RELATED TO THE FACILITY EMERGENCY EVACUATION AT THE AFFECTED HOSPITAL OR HCO. IN SUCH CASE THE EOC WILL ALREADY BE IN COORDINATION WITH THE HEMS RADIO CENTER AND INCIDENT COMMAND POST IN THE FIELD.

Addendum

- A. Purpose, Request for Mutual Aid Assistance
- B. Approvals by Hospitals, V.A. Medical Centers
- C. Authentication

Addendum A

Wayne County Health Care Facilities Mutual Aid Assistance Agreement

Purpose

Regulatory agencies guiding health care organizations require that they develop plans for total facility evacuation that could result from a natural or technological disaster. This agreement intends to establish agreement among health care facilities in Wayne County (see Addendum B for list of participating facilities) to assist in the voluntary assignment of hospital and long-term care beds when all or a significant portion of the patients in a Wayne County health care facility must be evacuated and/or relocated due to a natural or technological disaster or other condition warranting that a health care facility be evacuated.

Request for Mutual Aid Assistance

The initial request for mutual aid assistance will be made to:

1. HEMS Radio – facility closure assistance not required.
2. Local fire department and HEMS – facility evacuation emergency.

The incident commander will notify emergency management if additional assistance and aid is necessary.

Disaster assistance requests must include the following information:

- Nature of the incident
- Number and type (general care or ICU/specialty care or skilled nursing) of patients who are being evacuated and a general assessment of their transport requirements
- Names and telephone numbers of medical and administrative officials directing the evacuation
- Assistance needed

ADDENDUM D: APPROVAL BY LONG TERM CARE FACILITIES OF
"WAYNE COUNTY HOSPITALS AND HEALTH CARE ORGANIZATIONS MUTUAL AID AGREEMENT"

I certify that _____
Facility Name

has read and approved the Wayne County Emergency Operation Plan, "Hospital and Health Care Organization Mutual Aid and Assistance Agreement" and has incorporated this agreement into the facility's internal plans and procedures.

Print or type name & title of facility representative

Date

Signature of facility representative

Wayne County Emergency Management Coordinator

Date

Agreement to Provide Physical Facilities for Temporary Shelter

Sample MAA to use for an alternate site

THIS AGREEMENT (Agreement) is entered into as of this ____ day of _____ 20__ by and between _____, (the FACILITY) and _____, (the SHELTER) for the provision of physical facilities to serve as a temporary shelter for the residents of the FACILITY in the event of the need for emergency evacuation of the FACILITY.

RECITALS

- A. The FACILITY is a [type of facility], with census at full capacity of [number of residents].
- B. The SHELTER is a [describe], that has the capacity to temporarily accommodate [number of residents], and the FACILITY's staff who care for those residents.

AGREEMENT

In consideration of the mutual promises in this Agreement, The FACILITY and the SHELTER agree as follows:

- 1. **Nature of Services.** The SHELTER is not a nursing facility, health care facility, or residential facility licensed by the State of Michigan.
 - 1.1 The SHELTER will provide the following physical facilities to the FACILITY on a temporary basis:
 - ◆ Space sufficient to accommodate ____ beds, sleeping arrangements, residents, and the FACILITY staff who provide care for the residents.
 - ◆ Restrooms
 - ◆ Electricity to provide light and to supply power to necessary medical devices and/or equipment to care for the residents.
 - ◆ A potable water source or space to accommodate water reserves.
 - 1.2 The SHELTER's physical facilities will only include the aforementioned services and do not include:
 - ◆ Staffing
 - ◆ Supplies
 - ◆ Medical care
 - ◆ Food or water (other than city services)
 - ◆ Clothing
 - ◆ Beds or linen
 - ◆ Transportation
 - 1.3 The FACILITY will be responsible for providing food, clothing, beds, linen, appropriate medical and other supplies, transportation, appropriate equipment, staff, and medication (if appropriate) or arranging for these services and provisions.
- 2. **Availability of SHELTER.** As part of the emergency nature of the services required by the FACILITY, the SHELTER agrees to be available as provided in the AGREEMENT at any time, 24 hours/day, seven days/week.
 - 2.1 The FACILITY will designate a contact person (or designee) who will notify the SHELTER of the need for its services.
 - 2.2 The SHELTER will designate a contact person (or designee) who will ensure that the SHELTER is available for use by the FACILITY in the case of an emergency at any time, 24 hours/day, seven days/week.

- 2.3 In the alternative, the SHELTER and the FACILITY will agree on a designated contact person or designee who will have access to the SHELTER in the event of an emergency at any time, 24 hours/day, seven days/week.
- 2.4 In the event of an emergency, the services of the SHELTER will be necessary only until it has been deemed safe for the residents to return to the FACILITY, or the residents have been placed in an alternative setting.
- 2.5 The FACILITY agrees to make a good faith effort to utilize the SHELTER only as long as necessary and make a good faith effort to transfer residents to alternative placement as quickly as safely possible.
- 3.0 **Insurance coverage.** The SHELTER agrees to maintain premises liability insurance.
- 4.0 **Indemnification.** The SHELTER and the FACILITY agree to indemnify and hold each other harmless for all claims and damages for all negligent acts or omissions arising out of or as a result of the performance of this AGREEMENT.
- 5.0 **Fees.** The FACILITY agrees to pay the SHELTER at a rate of \$_____.00 per month to maintain the SHELTER in a position to accommodate all the terms of this AGREEMENT.
- 5.1 The FACILITY agrees to reimburse the SHELTER for additional expenses incurred during the use of its facilities.
- 6.0 **Entire Agreement.** This Agreement contains the entire Agreement between parties.
- 6.1 Any amendments to this Agreement must be made in writing and signed by both parties.
7. **Applicable Law.** This Agreement and any disputes relating to it shall be construed under Michigan Law.
- 7.1 If any of the provisions in this Agreement are determined to be in violation of State or Federal law, said provisions shall be interpreted so as to be in compliance with such law or said provisions shall fall out of this Agreement, but otherwise, the Agreement shall be unaffected and shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Agreement effective as of the date stated above.

_____[NAME OF FACILITY]_____

By: _____

Its: Administrator_____

_____[NAME OF SHELTER]_____

By: _____

Its: _____